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Washington State Health Care Authority

Health Information Infrastructure Advisory Board (HIIAB)

Executive Summary

(to be written later)

I. Background and History

The origins of the National Health Information Infrastructure (NHII) can be traced back at least as far as 1991, when the IOM called the electronic health record (EHR) "an essential technology for health care."[i] While that report and its revised version in 1997 spurred considerable action and some progress, the "To Err Is Human" report from IOM in 2000[ii] really focused the attention of the nation on the pervasive problems of safety and quality in our health care system, largely traceable to the limited application of modern information management.

These issues have been further described and detailed in subsequent reports from the IOM[iii,iv] and other national expert panels including the President's Information Technology Advisory Committee[v,vi] and the Computer Science and Telecommunications Board of the National Research Council.[vii] In 2001, the National Committee on Vital and Health Statistics (NCVHS), a statutory advisory committee to the U.S. Department of

Health and Human Services (DHHS), explicitly recommended development of a National Health Information Infrastructure (NHII).[viii] By then, it was recognized that EHR systems would need to interconnect and communicate to ensure that patient information dispersed among multiple sites of care could be assembled into a complete record immediately available when and where it was needed. Besides improving the safety and quality of health care, NHII would also save the nation an estimated $120 billion annually, or about 8% of current health care spending.[ix] Modern information management is now clearly recognized as an essential prerequisite to improving all aspects of health care, leading the IOM Committee on Patient Safety to conclude in 2003 that "establishing this information technology infrastructure [NHII] should be the highest priority for all health care stakeholders."[x]

A key implementation strategy emanating from the IOM, the 2003 NHII consensus national agenda development meeting,[xi] and the DHHS Strategic Framework[xii] is the concept of building local and/or regional health information infrastructures (HIIs) to implement the organizational, financial, legal, and technical capabilities needed to interconnect all sources of health information.[xiii] Since health care itself is a local activity, and the difficult sociopolitical issues related to sharing health information are more tractable at the local level, this seems to be both a pragmatic and feasible approach. This view has been reinforced by the early successes of a few communities, such as Spokane, WA, and South Bend, IN, in pursuing such systems.

In view of the clear need for HIIs throughout the State of Washington, Substitute Senate Bill (SSB) 5064 was enacted requiring the Health Care Authority to establish and collaborate with a Health Information Infrastructure Advisory Board (HIIAB) to

"develop a strategy for the adoption and use of electronic medical records (EMRs) and health information technologies (HIT) that are consistent with emerging standards and promote interoperability of health information systems." According to the legislation, the strategy should: 1) be informed by the experience of others; 2) encourage providers to adopt EMRs and HIT; 3) enable secure online access to medical records for patients; 4) promote the use of standards; 5) overcome implementation obstacles; and 6) preserve privacy. A report of preliminary findings is required no later than 12/1/05, with the final recommendations to be submitted by 12/1/06. This document is the preliminary report of the HIIAB.

II. Guiding Principles

[to be added after discussion at September 2005 meeting]

III. Objectives for the Washington State Health Information Infrastructure

A. Overall objective

Ensure the immediate availability of relevant health information and decision support whenever and wherever needed to protect and improve the health of our citizens and the efficiency of the health care system.

B. Conceptual objectives/requirements

[to be sorted, classified, and prioritized based on August 2005 meeting]

IV. Implementation obstacles/issues

[to be identified and described]

V. Work Plan

A. Periodic meetings of HIIAB

a. Presentations on existing efforts

b. Background readings

c. Staff research

B. Additional stakeholder input

a. Meetings

b. Other

C. Develop Recommendations

a. Overall

b. Stakeholder-specific

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[i] Institute of Medicine. *The Computer-Based Patient Record: An Essential Technology for Health Care*. Washington, DC: National Academy Press, 1991.

[ii] Institute of Medicine. Committee on Quality of Health Care in America. *To Err Is Human: Building a Safer Health Care System.* Washington, DC: National Academy Press, 2000.

[iii] Institute of Medicine. Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press, 2001.

[iv] Institute of Medicine. Committee on Rapid Advance Demonstration Projects: Health Care Finance and Delivery Systems. *Fostering Rapid Advances in Health Care: Learning from System Demonstrations*. Washington, DC: National Academy Press, 2002.

[v] President's Information Technology Advisory Committee. *Transforming Health Care Through Information Technology*. Report to the President, February, 2001. Available at http://www.itrd.gov/pubs/pitac/pitac-hc-9feb01.pdf. Accessed June 5, 2005.

[vi] President's Information Technology Advisory Committee. *Revolutionizing Health Care Through Information Technology*. Report to the President, June, 2004. Available at http://www.nitrd.gov/pitac/reports/20040721_hit_report.pdf . Accessed June 5, 2005.

[vii] National Research Council. Computer Science and Telecommunications Board. *Networking Health: Prescriptions for the Internet*. Washington, DC: National Academy Press, 2001.

[viii] National Committee on Vital and Health Statistics. Information for Health: A Strategy for Building the National Health Information Infrastructure. November 15, 2001. Available at http://www.ncvhs.hhs.gov/nhiilayo.pdf . Accessed June 5, 2005.
[ix] Center for Information Technology Leadership. *The Value of Healthcare information Exchange and lnteroperability.* Boston, MA, 2004.
[x] Institute of Medicine. Committee on Data Standards for Patient Safety. *Patient Safety: Achieving a New Standard for Care.* Washington, DC: National Academy Press, 2003.
[xi] Yasnoff WA, Humphreys BL, Overhage JM, *et al*: A Consensus Action Agenda for Achieving the National Health Information Infrastructure. *J Am Med Informatics Assoc* 2004;11(4):332-338.
[xii] Thompson TG and Brailer DJ: The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care: Framework for Strategic Action. U.S. Department of Health and Human Services, 7/21/04. Available at http://www.os.dhhs.gov/healthit/documents/hitframework.pdf . Accessed June 5, 2005.
[xiii] Lorenzi NM: Strategies for Creating Successful Local Health Information Infrastructure Initiatives. U.S. Department of Health and Human Services, 12/16/03. Available at http://aspe.hhs.gov/sp/nhii/LHII-Lorenzi-12.16.03.pdf . Accessed June 5, 2005.